

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41473

FILED JAN 13 1951

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 439	
1. PLACE OF DEATH a. CITY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>5 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1022. CHURCH ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>FRYE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 31-1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DECEMBER 16, 1889</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>61</u>	
11. BIRTHPLACE (State or foreign country) <u>Marion County Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles W Frye</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Lawrence</u>		14. NAME OF HUSBAND OR WIFE <u>Lora Ada Dean Frye</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>481-03-3174</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary T. Hauck</u> ADDRESS <u>Hannibal Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES <u>Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fractured Hip</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>28 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (Specify) <u>SUICIDE HOME</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Mo</u>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-23-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe Connelley</u> (Degree or title)		23b. ADDRESS <u>1009 Bolivar</u>		23c. DATE SIGNED <u>1/2/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-3-51</u>		REGISTRAR'S SIGNATURE <u>Nate M. Tucker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons</u> ADDRESS <u>Monroe City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 1 1951
HEALTH DEPT.
DATE FILED JAN 1 1951

MAR 27 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.